

# ARIZONA MASSAGE THERAPY STATE BOARD LICENSE VERIFICATION

Use this form only if you have or ever held a license to practice as a massage therapist in another reciprocal state.

## Section I. To be completed by applicant. Please type or print clearly.

Applicant must fill in: Print Name \_\_\_\_\_

Address: \_\_\_\_\_  
Address City State Zip

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Last 4 digits SS Number: \_\_\_\_\_

State Licensed with: \_\_\_\_\_ License Number: \_\_\_\_\_

**Section II. Send this form to the jurisdictions in which are licensed. Be sure to include any fee required by that licensing authority. The licensing authority must complete and send this form directly to the address listed at bottom of this page.**

The State of \_\_\_\_\_

Located \_\_\_\_\_  
Address City State

## How the applicants name appears on license

License information; \_\_\_\_\_  
License No. Date of Issue Date Expires

## Qualifications for licensure in this state are:

Total hours of education \_\_\_\_\_ National examination? Yes \_\_\_\_ No \_\_\_\_

Exam name \_\_\_\_\_ Date exam taken \_\_\_\_/\_\_\_\_/\_\_\_\_

## Issued license based on:

☐ Education Requirements ☐ Endorsement/Reciprocity  
☐ State Examination ☐ Grandfather Requirements  
☐ National Examination

## Current Status of this license

Active \_\_\_\_ Lapsed \_\_\_\_ Inactive \_\_\_\_ Denied\*\* \_\_\_\_ Suspended\*\* \_\_\_\_ Revoked\*\* \_\_\_\_

Please attach a copy of the Findings of Fact and Decision and Order.

**Has the licensee ever been Disciplined, Censured or Probation \*\*** Yes \_\_\_\_ No \_\_\_\_

If yes provide information regarding any action pending or taken against the individual. Please describe and attach documentation:

**I certify that the above information is correct and true.**

Name of Agency \_\_\_\_\_

Signature \_\_\_\_\_ Print \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Mail this form directly to the:

Arizona Massage Therapy Board  
1400 W. Washington Rm. 230  
Phoenix AZ. 85007

State Seal